



### Health Care Challenges Continue



COST

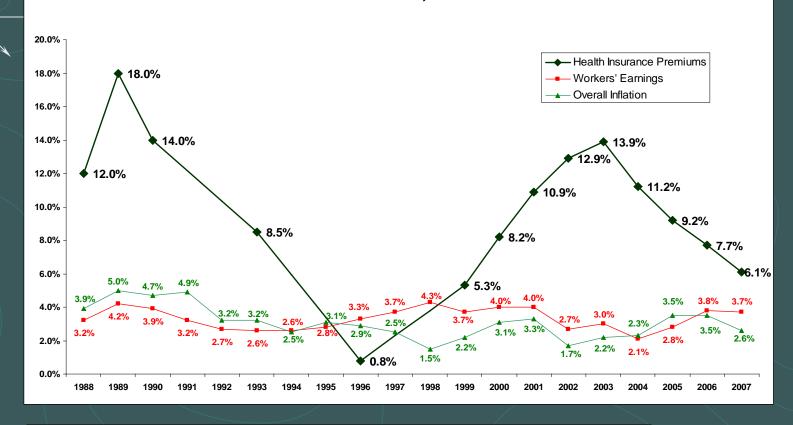


QUALITY





#### Exhibit 1: Increases in Health Insurance Premiums Compared to Other Indicators, 1988-2007



Note: Data on premium increases reflect the cost of health insurance premiums for a family of four. The average premium increase is weighted by covered workers.

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2007; KPMG Survey of Employer-Sponsored Health Benefits, 1993, 1996; The Health Insurance Association of America (HIAA), 1988, 1989, 1990; Bureau of Labor Statistics, Consumer Price Index, U.S. City Average of Annual Inflation (April to April), 1988-2007; Bureau of Labor Statistics, Seasonally Adjusted Data from the Current Employment Statistics Survey, 1988-2007 (April to April).



## Employers' Likelihood of Making Benefit Changes Next Year

	Very	Somewhat	Not Too	Not At All	Don't
	Likely	Likely	Likely	Likely	Know
Increase the Amount Employees Pay					
for Health Insurance	21%	24%	21%	33%	<1%
Increase the Amount Employees Pay					
for Prescription Drugs	11%	30%	31%	26%	2%
Increase the Amount Employees Pay					
for Deductibles	12%	25%	28%	34%	1%
Increase the Amount Employees Pay					
for Office Visit Copays or Coinsurance	13%	29%	28%	28%	2%
Introduce Tiered Cost Sharing for					
Doctor Visits and Hospital Stays	7%	16%	39%	35%	3%
Restrict Employees Eligibility for					
Coverage	<1%	4%	29%	64%	3%
Drop Coverage Entirely	1%	2%	15%	82%	<1%
Offer High Deductible Health					
Plan/Health Reimb. Account‡	3%	21%	30%	46%	<1%
Offer HSA Qualified HDHP‡	2%	18%	32%	45%	3%





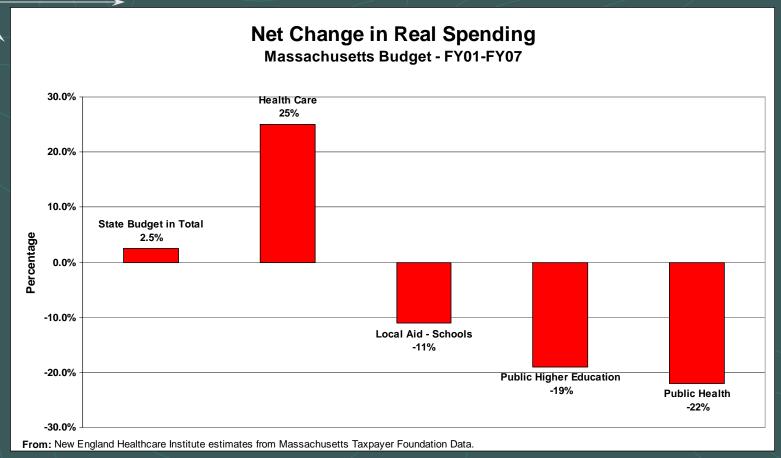
#### Massachusetts Trends 500+ Employees

- Expected premium increase for 2008
  - 8.7% before making benefit changes
  - 6.2% after making benefit changes
- 30% average premium percentage paid for family coverage in PPO plans
- 22% use salary-based cost sharing
- Average co-pays HMO plans: \$75 ER, \$250 hospital, \$20 physician office visit





# State Budget - \$1.3 billion gap; health care costs represent 45% of budget





Connection

# GIC - Early Advocate for Improved Health Care Quality

- Mental Health Parity
- Leapfrog Group
- Early Risk Intervention Program
- Clinical Performance Improvement (CPI)
  Initiative



#### Others Have Joined the Cause

- Medicare won't pay for "never" events
- Mass Health Care Quality and Cost Council
- Department of Public Health regulations on hospital-acquired infections
- Beth Israel Deaconess Hospital quality, safety and patient satisfaction initiative
- Partnership for Healthcare Excellence



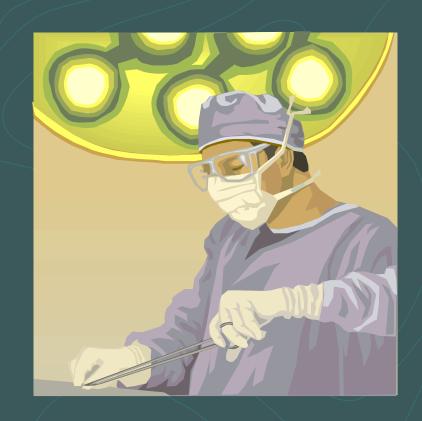
# What are the Options We've Considered to Address Health Care Quality & Cost?

- Increase Co-Pays
- Establish Disease Management Programs ☑
- Tier Pharmaceuticals ☑
- Pay For Performance Not Now
- High Deductible Plans No
- Eliminate Retiree Benefits No



#### What's Left?

- Look at the health care system itself
- Get Providers to be part of the solution





### Why is the GIC Pursuing the CPI Initiative?



- Control cost increases for enrollees and the Commonwealth
- Maintain comprehensive level of benefits
- Improve health care quality and safety
- Maintain participants' choice of providers
- Inform enrollees about provider performance
- Encourage members to become active health care consumers



### To Do List – Employees and Non-Medicare Retirees

<u>During Annual Enrollment</u> – Research your health plan options

✓ Contact the health plans you're considering to see which co-pay tier your doctors and hospitals are in



## How to Lower Out-of-Pocket Costs – Employees and Non-Medicare Retirees

#### After Annual Enrollment

- ✓ Don't be a passive consumer!
- ✓ Tier 1 providers are top value providers
- Consider their rankings before you select (and save \$) a provider
- ✓ Before you visit a doctor or are admitted to the hospital (non-emergency), find out your co-pay for the doctor or hospital



### Governor's Budget FY09

- Premium percentage based on ability to pay rather than date of hire
- Proposal for state employees' premium contribution:
  - Salaries less than \$35,000 15%
  - Salaries \$35,000-\$50,000 20%
  - Salaries over \$50,000 25%
- State retirees held harmless; municipalities determine their own premium percentages
- Final state enrollee premium percentage determined by legislature late spring



### GIC Benefit Changes for FY09

- All health plans out to bid Medicare plans under special scrutiny
- Mental health provider for Indemnity and Navigator by Tufts Health Plan out to bid – carrier could change
- Health plan carriers and benefits and mental health carrier determined February 15



### Benefit Changes July 1, 2008

- Vision benefits standardized across all employee and Non-Medicare retiree health plans; one eye exam every 24 months
- Indemnity Plan names will change to:
  - UniCare State Indemnity Plan/Basic
  - UniCare State Indemnity Plan/Community Choice
  - UniCare State Indemnity Plan/Medicare Extension (OME)
  - UniCare State Indemnity Plan/PLUS
- Separate HMO enrollment form no longer necessary for Non-Medicare HMOs – simply use GIC Form-1



### Benefit Changes 7/1/08 Evolution of CPI Initiative Will Continue

Physician office visit co-pays will migrate to three tiers for PCPs and Specialists based on quality and cost-effectiveness standards:

- **★** ★ ★ Tier 1
  - ★ ★ Tier 2
    - ★ Tier 3



# Possible Changes to Address Concern with GIC Budget

- Increases in some co-pays or deductibles likely:
  - Outpatient surgery
  - Inpatient hospital admissions
- No benefit changes anticipated for prescription drugs
- Mental health outpatient office visit co-pays could increase to align with medical co-pays in some plans



### Medicare Health Plan Changes

- Plan options may change
- No benefit changes anticipated with current plans still offered



### Other Benefit Changes for State Employees

- Opportunity to enroll in or increase optional life insurance coverage up to four times salary during year without a medical form within 31 days of the following family status changes:
  - Marriage
  - Divorce
  - Death of a spouse
  - Birth or adoption of a child
- This enhancement will go into effect in Fall 2008



## Municipalities May Now Join the GIC for Health Coverage

#### New Municipalities for July 1, 2008

- Athol-Royalston Regional School District
- Groveland
- Gill-Montague Regional School District
- Hawlemont Regional School District
- Holbrook
- Millis
- Mohawk Trail Regional School District
- Old Colony Planning Council
- Saugus (January 1, 2008)
- Southeastern Regional Planning & Economic Development District
- Winthrop

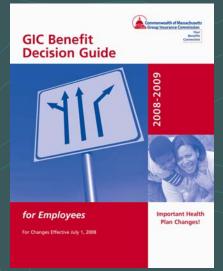


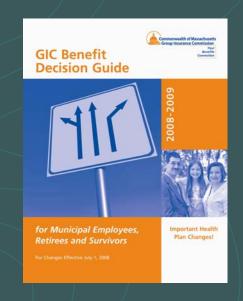
### Weigh Your Options

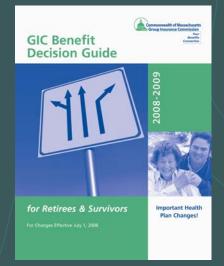
Annual Enrollment:

April 14 – May 16 for changes effective

July 1, 2008









#### How to Choose

- Read your Benefit Decision Guide
- Contact your current health plan and plans you are considering for additional benefit and provider details
- See the GIC's website
- Attend a health fair (schedule is on website now)



## Make Your Decisions No Later Than May 16, 2008

- Active state employees give forms to your GIC
   Coordinator
- State retirees/survivors send forms to the GIC
- Municipal/other new entity employees/retirees

   send forms and required documents to your benefits office

May 2008						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5	6	7	8	9(	10
11	12	13	14	15(	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

